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Let the Patient Discharge Follow-Up Call Data Do the Talking!

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Background

All patients discharged from West Kendall Baptist Hospital (WKBH) receive a Patient Discharge Follow-Up Call (PDFC) from a Quality Assurance Nurse (QAN) within 24-48 hours. In mid-February of 2018, based on the collected PDFC data, a team comprised of the Performance Improvement (PI) Director, PI Coordinator, Statistician and QAN identified opportunities to educate Nursing, Hospitalists, Pharmacy, and Leadership on the issues related to discharge medications potentially leading to a return visit to the Emergency Department (ED), possible readmission and adverse patient outcomes.

Purpose

The purpose of this initiative was to review the PDFC data, point out its importance and identify the issues presented in order to bring awareness to key stakeholders and continue to monitor the impact on patient outcomes.

Methods

In early March of 2018, an analysis of the PDFCs was conducted and presented to an interdisciplinary team to review. Analysis consisted of identifying percentage of calls with post-discharge problems, the nature of the problems and opportunities to address problems.

Findings

Out of the 3,897 PDFCs in the period of September 2017-February 2018 approximately 70% of patients were reached. 97.3% of the patients contacted reported no issues and 2.7% reported issues (Figure 1). Of those patients that reported issues, the majority (63%) reported issues related to discharge medications. Figure 2 shows the breakdown of discharge medication incidents identified.

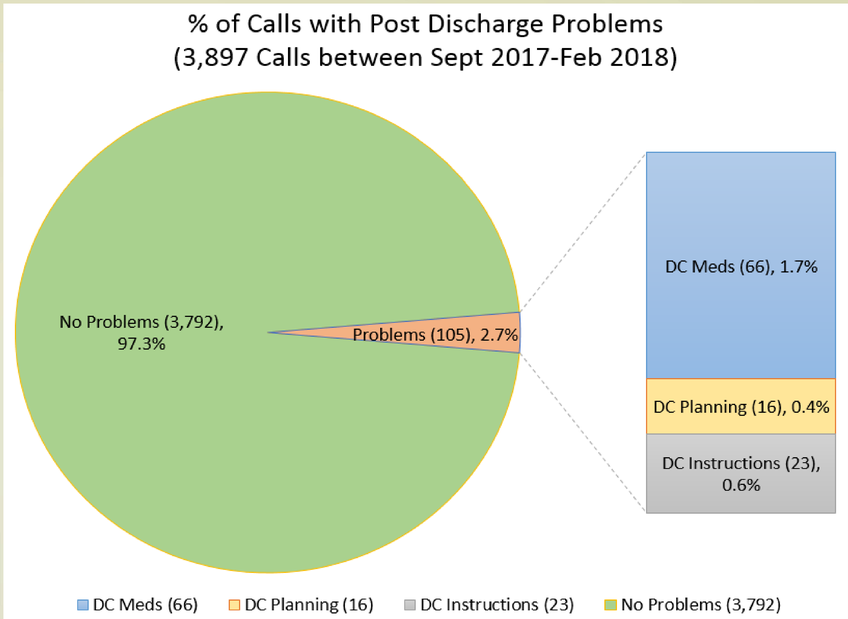

Figure 1: Percentage of PDFCs with post discharge problems

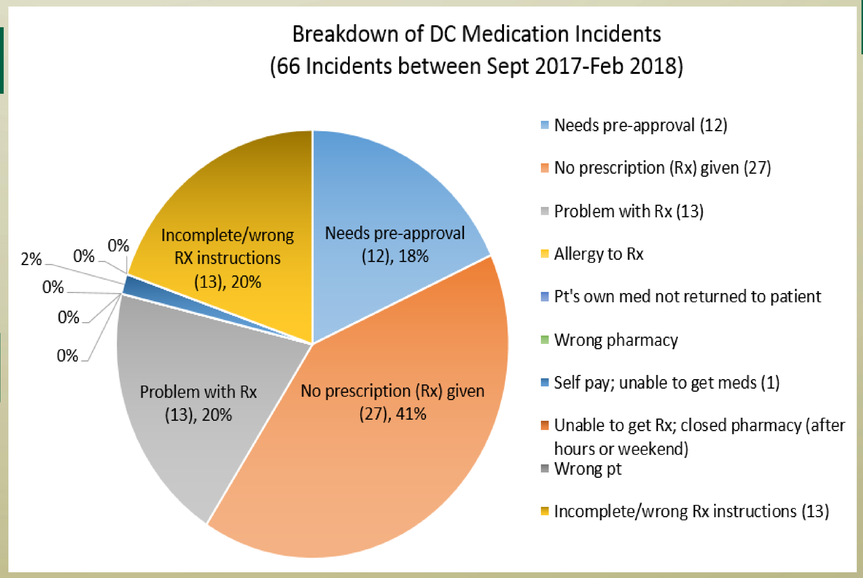

Figure 2: Breakdown of discharge medication incidents (Sept. 2017—Feb. 2018)

Discussion

In as much as the majority of the patients reported no issues, the small percentage who had problems with medications related to prescribing warranted an intervention to prevent possible readmissions and reduce adverse patient outcomes.

The team decided to address the medication issues by implementing the following:

- Address verification of accuracy of preferred pharmacy during Interdisciplinary Rounds.
- Emphasize Hospitalists to communicate with RN or AP when printing prescriptions.
- Hospitalists and Case Management/Social Work Services to start processing medications that need preauthorization prior to the day of discharge.
- Bring awareness to Pharmacy & Hospitalist teams - to be cognizant of patients on nebulizer and switch to inhaler upon discharge.
- Bring awareness to interdisciplinary team members of impact of PDFC data on their practice.

Implications for Practice

Completion of the process related to medication upon discharges plays a vital role for improved patient outcomes, can reduce both return visits to the ED and readmission rates and can maintain higher standards of clinical practice and service excellence, thereby promoting a culture of patient safety. Future plans include: pharmacy and nursing verifying accuracy of patient's preferred pharmacy during daily rounds, pharmacy tracking and reviewing specific medication cases, Case Management/Social Work Services assisting in following-up on medications that need preauthorization and the data being presented at Nursing Operations and Hospitalist meetings.

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